

**State of Delaware  
Group Health Insurance Program  
New Rates Effective July 1, 2012**

	Total Monthly Rate	State Pays	Employee/ Pensioner Contributions
<b>BCBSD First State Basic Plan</b>			
Employee	\$514.56	\$493.98	\$20.58
Employee & Spouse	\$1,064.66	\$1,022.08	\$42.58
Employee & Child(ren)	\$782.20	\$750.92	\$31.28
Family	\$1,330.86	\$1,277.64	\$53.22
<b>Aetna CDH Gold</b>			
Employee	\$532.56	\$505.94	\$26.62
Employee & Spouse	\$1,104.26	\$1,049.06	\$55.20
Employee & Child(ren)	\$813.70	\$773.02	\$40.68
Family	\$1,402.86	\$1,332.72	\$70.14
<b>BCBSD CDH Gold</b>			
Employee	\$532.56	\$505.94	\$26.62
Employee & Spouse	\$1,104.26	\$1,049.06	\$55.20
Employee & Child(ren)	\$813.70	\$773.02	\$40.68
Family	\$1,402.86	\$1,332.72	\$70.14
<b>Aetna HMO</b>			
Employee	\$537.22	\$502.30	\$34.92
Employee & Spouse	\$1,132.64	\$1,059.02	\$73.62
Employee & Child(ren)	\$821.80	\$768.38	\$53.42
Family	\$1,413.30	\$1,321.44	\$91.86
<b>BCBSD BlueCARE® HMO</b>			
Employee	\$537.66	\$502.72	\$34.94
Employee & Spouse	\$1,136.22	\$1,062.38	\$73.84
Employee & Child(ren)	\$822.62	\$769.16	\$53.46
Family	\$1,417.62	\$1,325.48	\$92.14
<b>BCBSD Comprehensive PPO Plan</b>			
Employee	\$587.46	\$509.62	\$77.84
Employee & Spouse	\$1,219.04	\$1,057.52	\$161.52
Employee & Child(ren)	\$905.38	\$785.42	\$119.96
Family	\$1,523.98	\$1,322.06	\$201.92
<b>BCBSD Medicare Supplement for Pensioners Retired Prior to July 1, 2012</b>			
Special Medicfill with Prescription	\$414.26	\$414.26	\$0.00
Special Medicfill <b>without</b> Prescription*	\$191.76	\$191.76	\$0.00
*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D			
<b>BCBSD Medicare Supplement for Pensioners Retired After July 1, 2012</b>			
Special Medicfill with Prescription	\$414.26	\$393.56	\$20.70
Special Medicfill <b>without</b> Prescription*	\$191.76	\$182.18	\$9.58
*Medicare Supplement plan WITHOUT prescription is provided for Medicare Beneficiaries enrolled in Medicare Part D			
<b>Dominion Dental HMO</b>			
Employee	\$22.68	\$0.00	\$22.68
Employee & Spouse	\$42.14	\$0.00	\$42.14
Employee & Child(ren)	\$45.42	\$0.00	\$45.42
Family	\$61.66	\$0.00	\$61.66
<b>Delta Dental PPO plus Premier</b>			
Employee	\$31.62	\$0.00	\$31.62
Employee & Spouse	\$64.54	\$0.00	\$64.54
Employee & Child(ren)	\$63.34	\$0.00	\$63.34
Family	\$105.70	\$0.00	\$105.70
<b>EyeMed Vision Plan</b>			
Employee	\$6.12	\$0.00	\$6.12
Employee & Spouse	\$9.64	\$0.00	\$9.64
Employee & Child(ren)	\$9.84	\$0.00	\$9.84
Family	\$15.88	\$0.00	\$15.88